

Health Promoting Behaviors in Adolescent Females and Its Relevant Factors in Qazvin, Iran

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Abstract: Promotion of health in adolescent females is one of the millennium development goals and missions of the World Health Organization. So, it is essential to examine health-promoting behaviors and plan appropriately to promote health in this group. According to the literatures have done in different area of Iran, it is anticipated that the status of health promotion behaviors in Qazvin is also undesirable. So this study aimed to determine health-promoting behaviors in middle school adolescent females and its related factors.

Methods: This cross-sectional study was conducted on 424 middle school female students in Qazvin, Iran. The subjects were selected through a cluster sampling method. Data collection tools included a demographic questionnaire, and the Health-Promoting Behaviors (HPLPII) questionnaire, which measures health-promoting behaviors in 6 dimensions including health responsibility, physical activity, nutrition, spiritual growth, stress management, and interpersonal relations.

Results: The present study results showed overall mean health-promoting behaviors is 82.51 ± 21.44 . In the following domains, adolescent females scored moderately: nutrition, physical activity, stress management, interpersonal relations; and they were poor in health responsibility, but obtained a good score in spiritual growth. The scores of health-promoting indexes decreased with a rise in the grades of the students and improved by higher parents' educational status.

Conclusions: The present study results showed health-promoting behaviors in adolescent females were at a moderate level. Thus, consideration should be given to providing appropriate health and educational services (and in some cases, counseling services) to adolescents and their families, especially in health responsibility demension.

Keywords: Health promotion, Health behavior, adolescent, females.

1. INTRODUCTION

Health-promoting behaviors are among the major health-determining factors that emphasize the prevention of diseases, development of acceptance skills and self-care capability (1, 2). Overall, 53% of mortality causes are associated with individuals' lifestyle and unhealthy behaviors (3). Health behaviors have potential effects on health promotion and the quality of life, and proportionally reduce health care costs (2). According to Pender's theory, lifestyle-based behavior is the pattern of voluntary activities of everyday living and stems from demographic, environmental and social factors (4).

Therefore, human behavior is a reflection of various factors, and experts have been seeking to identify this causal network in order to affect factors that can have an impact on behavior. The range of this network is very broad and varies from one group to another and even from one individual to another (5).

Adolescents constitute one of the most important age groups. The International Conference on Population and Development emphasized that adolescents have unique needs compared to adults (6). Adolescence is the beginning of physical, mental, and social developments that affect their performance in adulthood (7). While some habits develop in childhood, habits such as smoking and drinking alcohol are formed in adolescence (8). These habits, subsequently, result in the development of patterns that have justifiable health consequences in our future lives (9). However, the period of puberty can pave the way for the formation of positive adolescent behaviors and thus contribute to the improvement of long-term health outcomes (10).

As a part of its main objectives and policies, the World Health Organization has focused on the health of adolescents, especially that of girls (11). According to United Nations Population Fund (UNFPA), girls' health is the key to breaking the cycle of intergenerational poverty and achievement of the millennium development goals. Because of the physical and mental conditions of girls in this period and also their essential reproductive role, the health of adolescent girls has been given a special place (12). Also, improving the health of adolescent girls as future mothers can ensure the health of future generations (13).

Iran, with 15 million adolescents, is considered to be one of the youngest countries in the world (14). Paying attention to the issue of adolescent health and timely investment will help reduce health costs later in life (15). Proper health condition, in addition to improving the quality of life, can serve as a basis for the development of the country and a sustainable economy (16). Since awareness about this issue in the society under study, prior to any intervention, is an absolute necessity, the present study aimed to examine health-promoting behaviors in middle school female students.

2. MATERIALS & METHODS

Setting and participants:

This cross-sectional study was conducted on middle school adolescent girls in Qazvin city, Iran. The inclusion criteria were studying at middle schools located in urban districts of Qazvin, Iran, having no diagnosed behavioral or psychological disorders according to their health records and having Islamic religion. We selected the students by using the multistage sampling design. At first, the city was divided into two areas, and the list of girls' middle schools in every area was determined. Three schools were selected from each area (6 schools in total). Then, one class was randomly selected from each grade in each school, and all Muslim students in that class participated in the study. Finally, study population consisted of 424 junior high school female students from the city of Qazvin.

Measures:

The following seven questionnaires were used to collect data:

Socioeconomic status:

Socioeconomic status was assayed by a researcher-made questionnaire containing items on parental occupation and education level, economic status and body mass index (BMI) was utilized. For calculated BMI the participants were measured for height and weight. Body mass index (BMI) was determined as the ratio of weight (kg) and height squared (m).

Health-Promoting behaviors:

Health-Promoting Lifestyle Profile II (HPLPII) is based on Pender's Health-Promotion model to determine to what extent people display health-promoting behaviors. HPLPII contained 52 items arranged in six subscales, including health responsibility, physical activity, nutrition, spiritual growth, stress management and interpersonal relations. Each item was scored on a five-point Likert scale from 1 (never) to 4 (always). The total scores hence ranged between 52 and 208. Higher scores revealed better health-promoting behaviors. Previous studies have confirmed the reliability of the HPLPII